

DEPARTMENT OF HEALTH AND HUMAN SERVICES
2014-2015 Agency Plan for the White House Initiative on Asian Americans and Pacific Islanders

Goal Area	Agency Objective	Strategic Activity	Benchmarks
Capacity Building	Collaborate with AANHPI organizations on outreach and education on the Affordable Care Act.	Provide technical assistance (TA) and conduct trainings for the AANHPI community-based organizations and health care professionals to enhance outreach and education on the Health Insurance Marketplace.	Provide virtual training and technical assistance to community-based organizations to implement strategies for reaching and engaging uninsured AANHPIs.
Capacity Building	Support, disseminate, and amplify the evidence-based strategies of the Community Transformation Grants (CTG) program as they relate to the AANHPI population.	Implement strategies addressing tobacco-free living, active living and healthy eating, clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments among the AANHPI population.	By 12/2014: Increase the number of community infrastructure components supporting CTG strategy dissemination and/or implementation.
Capacity Building	Implement policy and environmental change to enhance prevention and control of chronic disease and associated risk factors among program participants of the Racial and Ethnic Approaches to Community Health program.	Support implementation of evidence- and practice-based programs that improve physical activity levels and/or nutrition	By 12/2014: Increase the number of AAPIs with access to healthy food and beverage options.
Capacity Building	Improve coordination of obesity prevention efforts of the Hawaii Department of Health targeting the Native Hawaiian population through an inter-sectoral approach.	Amend the Request for Proposals process to include collaboration between smaller community-based organizations and the state health department. Complete health impact assessments (HIAs) for all identified medically underserved areas (MUAs) in the State of Hawaii.	By 12/2014: Complete HIAs for the 18 designated MUAs in Hawaii within the year. Draft policy recommendations and toolkits for each area based upon results of findings.
Capacity Building	Increase awareness of and access to HHS and other federal agencies' funding opportunities to the USAPI.	Identify and develop a compilation of Federal grant programs available to the six USAPI jurisdictions, including information on funding history and points of contact.	By March of each year issue the resource document, <i>Grant to the Outer Pacific</i> , for the previous fiscal year.

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Capacity Building	Support USAPI population health and healthcare system partnerships/networks working to reduce the burden of chronic disease.	Continue the support for development and use of computer-based Chronic Disease Electronic Management System (CDEMS) or other surveillance/registry systems among USAPI healthcare systems. CDEMS is a flexible database for tracking any chronic condition and can easily be adapted to the unique needs of the USAPI.	By 12/2014: 1. At least three USAPI healthcare systems with CDEMS operational and register at least 75% of patients with known diabetes in the system. 2. CDEMS support network functional within region, as evidenced by technical assistance team documentation and reporting. 3. Completion of at least one demonstration project that provides training and support for data extraction between an electronic medical record system and CDEMS data interfaces (American Samoa and Veterans Affairs system VISTA). 4. Support projects focused on the prevention or delay of diabetes-related amputations (e.g., funding and support for resource needs related to training, prevention supplies, and community outreach). Outcomes may include a minimum of 10% reduction in lower extremity foot ulcers/amputations in people with diabetes from baseline measure (using CDEMS or similar surveillance system).
Capacity Building	Enhance federal interagency coordination and leveraging of federal grant programs and other resources for the USAPI.	Convene Outer Pacific Committee of the Region IX Federal Regional Council regularly to share federal agencies' activities, strategies, successes, and challenges in grant program management.	Convene bi-monthly meetings of federal agencies.

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Capacity Building	Support regional USAPI population health surveillance efforts that define the burden of diabetes and tuberculosis (TB).	Link with ongoing efforts to reduce the burden of diabetes and TB comorbidity within the USAPI.	By 12/2014: 1. Develop the CDEMS TB and diabetes surveillance system interface for at least three of the six USAPI government health care systems. 2. Increase the number of people screened for both diabetes and TB by 10% above baseline in at least three USAPI (as measured by the CDEMS and the EpiAnywhere tracking system). 3. Improve access to resources, training, and support for TB and diabetes screening as evidenced by the Pacific Islanders TB Controllers Association and the Pacific Chronic Disease Coalition reports, technical assistance documentation, and training
Capacity Building	Support the capacity of the Guam Office of Minority Health (GOMH) to develop training materials and curricula on the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) to enable GOMH to conduct related cultural competency training sessions for the government of Guam employees in 2014.	Work with the State Offices of Minority Health (SOMHs) and national experts who have conducted CLAS Standards trainings to identify training curricula and cultural competency workforce policy models and best practices to share with the GOMH as Guam develops its CLAS and cultural competency training materials.	1. Continue to work with SOMHs and other cultural competence experts to identify training materials and related resources to support GOMH's 2014 training efforts. 2. By 2015, two or more SOMHs National CLAS Standards training models/curricula and cultural competency workforce policy samples will be shared with GOMH. 3. By 2015, GOMH will conduct two or more National CLAS Standards trainings for the government employees of Guam.
Data	Increase the capacity to collect more reliable health data and conduct research for Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI) to better describe and understand the needs of the population, consistent with the Affordable Care Act's Section 4302 provision: <i>Understanding Health Disparities: Data Collection and Analysis</i> .	Work with the Department of Health and Human Services' (HHS) Data Council in the full implementation of Affordable Care Act's Section 4302 provision regarding data collection on race, ethnicity, sex, primary language and disability status.	Continue to work with federal partners, AANHPI organizations and communities in implementing the updated data standards, which includes additional Asian and Pacific Islander subcategories in federal surveys and to disseminate available data.

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Data	Improve the collection, reporting, and disaggregation of data on the AANHPI population to reflect the HHS standards for data collection, analysis, and reporting of racial and ethnic data.	<p>Activity 1) Continue oversampling Asian Americans in the National Health Interview Survey and provide estimates of health care utilization, health behaviors, and health outcomes for the total Asian American population and possibly some Asian population subgroups.</p> <p>Activity 2) Include an oversampling of Asian Americans in the 2011-2014 and 2015-2018 National Health and Nutrition Examination Survey (NHANES) cycles.</p> <p>Activity 3) Conduct the Native Hawaiians and Pacific Islanders (NHPI) National Health Interview Survey to collect detailed health information to allow researchers and policy-makers to better assess, identify, and address the community's needs.</p> <p>Activity 4) Increase reporting of data on all AANHPI subgroups in the National Healthcare Quality Report and the National Health Disparities Report.</p>	<p>Target 1) By 12/2015: Research on improved tools for data access and analysis will be completed and made available to the research community and community partners.</p> <p>Target 2) Estimates of conditions such as hypertension, high cholesterol, and obesity will be made available upon the conclusion of the oversample and evaluation of the data quality.</p> <p>Target 3) By 6/2015: Public-use data file from the Native Hawaiians and Pacific Islanders National Health Interview Survey will become available.</p> <p>Target 4) 1. Add multi-stratified analyses of the AANHPI population across health care quality measures on chronic conditions, settings of care, and access to care to target specific areas for reducing health disparities. 2. Add data sources that have greater sample size for the AANHPI population to supplement national data sets to improve ability to report data on AAPI subgroups.</p>
Data	Identify non communicable disease (NCD) data collection, analysis and reporting in the U.S.-affiliated Pacific Islands (USAPI).	Conduct an assessment of existing NCD data collected.	By 12/2014: Complete the NCD assessment and report back to the USAPI.
Language Access	Expand translation capacity to additional languages for Affordable Care Act consumer resources.	Expand access to information on the Affordable Care Act in additional Asian languages beyond the current translations available in Chinese, Vietnamese, Korean, and Tagalog.	Individuals who speak Asian languages other than what is supported by CMS written or electronic media will continue to have access to Affordable Care Act information through other resources such as the Health Insurance Marketplace Call Center hotline currently supports 150 languages) or through relationships with community organizations.

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Language Access	Ensure HHS programs and services are in compliance with statutory and regulatory obligation to provide meaningful access to programs to individuals with limited English proficiency and are consistent with the HHS Language Access Plan.	Incorporate and promote the implementation of the enhanced National CLAS Standards in programs and policy directives.	Promote the enhanced National CLAS Standards in presentations and trainings, and in grants policies, operational guidance, and funding opportunity announcements.
Workforce Diversity	As part of a national program on prevention education, train AANHPIs to become ambassadors in their communities using the "train the trainer" model for prevention education	Identify AANHPI individuals to train and educate peers on health issues pertaining to this population using existing HHS infrastructure.	Provide information, support, resources, and training to AANHPI families of children with special health care needs and the providers that serve them.
Workforce Diversity	Promote outreach and efforts to increase AANHPI workforce and leadership in public health.	Activity 1) Engage the Asian American and Native American Pacific Islander-Serving Institutions (AANAPISIs) and conduct outreach activities on programs such as loan repayment; develop a workforce partnership with USAPI education institutions or AANAPISI in the USAPI. Activity 2) Increase awareness of the Health Resources and Services Administration's programs, including the National Health Service Corps Ambassadors Program, among the AANAPISIs for all application launches and program related resources.	Target 1) 1. Conduct outreach event(s) to AANAPISIs on health disparities and fostering of AANHPI health care professionals. 2. Identify AANAPISIs located in the USAPI to develop workforce program. Target 2) By 12/2014: Provide programmatic outreach and awareness to the AANAPISIs on funding opportunities.
Workforce Diversity	Increase the capacity of community-based organizations to provide culturally and linguistically competent behavioral health services for AANHPIs	Provide training and resources on culturally and linguistically competent practices to community-based behavioral health organizations	By 12/2015: provide training to community-based organizations on an AANHPI-focused behavioral health practice or to build capacity of AANHPI practitioners

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Agency Specific	Increase capacity of community-based organizations that advocate for programs for early detection and prevention of hepatitis B viral infection in medically underserved AANHPI communities.	Activity 1) Encourage applications for health disparities research and community-based participatory research interventions that target early detection and prevention of hepatitis B in medically underserved AANHPI communities. Activity 2) Develop and disseminate educational materials in a variety of AANHPI languages.	Target 1) Continue to include HBV in AANHPI as an area of interest in the National Institutes of Health's funding opportunity announcements for health disparities research and to increase applications to hepatitis B and health disparities funding opportunity announcements. Target 2) By 2020: Develop in-language educational materials for dissemination.
Agency Specific	Reduce the morbidity and mortality of hepatitis B and improve testing, care, and treatment to prevent liver disease and cancer.	Promote basic research on novel targets for therapy in chronic hepatitis B viral infection and clinical studies of their efficacy and safety.	By 2016, provide support for basic research studies of potential inhibitors.
Agency Specific	Begin to address the Regional State of Health Emergency in the US-affiliated Pacific Islands due to an epidemic in non-communicable diseases in women and their families.	Within the USAPI, catalogue culturally appropriate/sensitive promising practices (not yet evaluated) which address non-communicable diseases (NCD).	By 12/2014: Compile a catalogue of promising NCD practices.
Agency Specific	Decrease the disease burden of HBV infection among AANHPI and improve hepatitis B screening.	Activity 1) Train health care providers to screen AANHPI patients living in HBV endemic regions with HBsAg (hepatitis B surface antigen). Activity 2) Develop algorithms for screening and prophylaxis against hepatitis B reactivation in patients receiving immunosuppressive therapies or undergoing transplantation.	Target 1) By 2020: 1. Increase from 33% to 66% the proportion of persons who are aware of the HBV infection. 2. Increase percentage of AANHPIs who have been screened for hepatitis B, are not infected and who have been successfully vaccinated. 3. Increase percentage of hepatitis B positive AANHPIs who are referred for treatment. Target 2) By 2014, publication in scientific literature of the March 2013 American Association for the Study of Liver Diseases meeting summary on reactivation of hepatitis B.

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Agency Specific	Improve the integration of behavioral health and primary care delivery systems in order to address mental health and substance abuse disparities among AANHPIs.	Identify effective practices in integrated care and link current AANHPI Primary and Behavioral Health Care Integration (PBHCI) grantees with other AANHPI serving community-based organizations who may be interested in applying for PBHCI grants.	By 12/2015: Reach out to AANHPI-serving Primary and Behavioral Health Care Integration grantees to identify effective integrated care practices.
Agency Specific	Reduce perinatal hepatitis B through intervention.	<p>Activity 1) Develop and evaluate hepatitis B perinatal prevention programs, enhance infant care coordination, care referrals among HBV-infected mothers, and delivery of other preventive services to their household contacts.</p> <p>Activity 2) Ensure that hospitals and birthing centers administer a birth dose of hepatitis B vaccine to all neonates prior to discharge with parental consent.</p> <p>Activity 3) Assess best practices for care coordination provided by perinatal prevention programs.</p> <p>Activity 4) Demonstrate safety and efficacy of antiviral therapy and vaccination as a means of prevention of maternal-infant spread of hepatitis B in pregnant women with serum HBsAg and high levels of hepatitis B viral DNA, including the optimal timing of initiation of therapy, levels of hepatitis B viral DNA that warrant treatment, and safety of therapy for both the newborn and the mother.</p>	<p>Target 1-3) By 2020: elimination of mother-to-child hepatitis B transmission; promote research programs into culturally sensitive and appropriate medication or vaccination interventions to reduce the risk of vertical transmission of chronic hepatitis B infection in the AANHPI population.</p> <p>Target 4) By 2016, complete the ongoing NIH and CDC co-funded study of tenofovir treatment in pregnant women in Thailand and the NIH study in Africa on the use of lamivudine to decrease hepatitis B transmission in HIV/hepatitis B co-infected mothers.</p>